

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910925	(X3) DATE SURVEY COMPLETED 07/06/2018
NAME OF PROVIDER OR SUPPLIER FAIR HAVENS CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 CURTISS PARKWAY MIAMI SPRINGS, FL 33166	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Complaint Survey (CCR#2018006445) was conducted on June 20, 2018 and concluded on July 06, 2018. Fair Havens Center Llc. (License # 4859) with Limited Nursing Services had no deficiencies identified at the time of the survey.